

MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

-63-000627

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

FILED JAN 14 1963

Primary Registration District No. 3009

Registrar's No. 23

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON		c. CITY OR TOWN JACKSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 CAPE ROAD		d. STREET ADDRESS (If outside, give location) 702 CAPE ROAD	
3. NAME OF DECEASED (Type or print) First MARY Middle LOU Last NIBLACK		4. DATE OF DEATH Month JAN Day 10 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-8-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME KEEPER		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and state or country) JACKSON, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WASHINGTON NIBLACK		13b. MOTHER'S MAIDEN NAME JANE HEADRICK	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) NONE	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address GEORGE STEVALL JACKSON, 120	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarct DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 10, 1963 and last saw her alive on Jan 10, 1963 Death occurred at 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.E. Hecker, M.D.		22b. ADDRESS Jackson, Missouri	
22c. DATE SIGNED 1/11/63		23. NAME OF CEMETERY OR CREMATORY JACKSON CITY CEMETERY	
23a. DATE 1-12-1963		23b. LOCATION (City, town, or county) JACKSON MO	
24. FUNERAL DIRECTOR McCombs		25. DATE RECD. BY LOCAL REG. 1-12-1963	
26. REGISTRAR'S SIGNATURE Laura Kasten			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(To Doc 70v
1-11-63)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce Hopkins

Licensed Embalmer No. 5097

P. O. Address Jackson, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.